

To:

From: Aliza Claravall

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Progress Notes

Printed On Jun 10, 2022

LOCAL TITLE: RADIOLOGY/NUCLEAR MEDICINE CANCELLATION NOTE
 STANDARD TITLE: RADIOLOGY ADMINISTRATIVE NOTE
 DATE OF NOTE: FEB 28, 2022@09:16 ENTRY DATE: FEB 28, 2022@09:16:39
 AUTHOR: MILLER, DALLAS EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Notice sent to: ALI, HANIA

The nuclear medicine procedure Myocardial Perfusion Scan has been cancelled for the following reason(s):

UNABLE TO CONTACT PT
 2/7 - UNABLE TO LEAVE MESSAGE WHEN CALLED ON PHONE
 CALLED 5396290818 -LEFT MESSAGE - NO RESPONSE
 SENT 14 DAY LETTER --> NO RESPONSE

/es/ DALLAS MILLER, MPH, CNMT
 SUPERVISOR NM
 Signed: 02/28/2022 09:19

Receipt Acknowledged By:
 02/28/2022 12:15 /es/ HANIA M ALI MD
 PRIMARY CARE PHYSICIAN

LOCAL TITLE: PC GENERAL NOTE
 STANDARD TITLE: PRIMARY CARE NOTE
 DATE OF NOTE: FEB 02, 2022@11:03 ENTRY DATE: FEB 02, 2022@11:03:17
 AUTHOR: ALI, HANIA M EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

CHIEF COMPLAINT:
 pre-op- LEFT total hip arthroplasty.

Do you have anything in your life that is worrying you or causing you stress?
 NO

REVIEW OF SYSTEMS:

Cardiac:

Negative for Chest Pain, HTN, PND, DOE, Palpitations

Respiratory:

Negative for Cough, Wheeze, Dyspnea, DOE

GI:

All ROS symptoms negative for: change in appetite, dysphagia, heartburn, abdominal pain, belching/gas, hematemesis, hematochezia,

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melena, jaundice, hemorrhoids, change in bowel habits

Neuro:

All ROS symptoms negative for: Headaches, dizziness, seizures, memory loss, paralysis, loss of consciousness, change in sensation, poor coordination, numbness, weakness, tingling

PHYSICAL EXAM

Pt walked out before PE was completed.

MEDICATION RECONCILIATION:

Medication Reconciliation is required at all outpatient encounters where medications are reviewed.

ALLERGIES AND MEDICATIONS

Allergies/ADRs (Tool #5)

FACILITY	ALLERGY/ADR
-----	-----
MUSKOGEE, OK VAMC	NO KNOWN ALLERGIES
OKLAHOMA CITY VAMC	No Known Allergies

Med Recon NoGlossary (Tool #1)

INCLUDED IN THIS LIST: Alphabetical list of active outpatient prescriptions dispensed from this VA (local) and dispensed from another VA or DoD facility (remote) as well as inpatient orders (local pending and active), local clinic medications, locally documented non-VA medications, and local prescriptions that have expired or been discontinued in the past 90 days.

Non-VA Meds Last Documented On: ** Data not found **

NOTE The display of VA prescriptions dispensed from another VA or DoD facility (remote) is limited to active outpatient prescription entries matched to National Drug File at the originating site and may not include some items such as investigational drugs, compounds, etc.

NOT INCLUDED IN THIS LIST: Medications self-entered by the patient into personal health records (i.e. My HealtheVet) are NOT included in this list. Non-VA medications documented outside this VA, remote inpatient orders (regardless of status) and remote clinic medications are NOT included in this list. The patient and provider must always discuss medications the patient is taking, regardless of where the medication was dispensed or obtained.

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OUTPT AMLODIPIINE BESYLATE 5MG TAB (Status = Active)
 TAKE ONE TABLET BY MOUTH DAILY
 Rx# 11982734 Last Released: 9/15/21 Qty/Days Supply: 30/30
 Rx Expiration Date: 5/6/22 Refills Remaining: 1

OUTPT BACLOFEN 10MG TAB (Status = EXPIRED)
 TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED FOR MUSCLE
 RELAXANT
 Rx# 12232224 Last Released: 12/15/21 Qty/Days Supply: 15/7
 Rx Expiration Date: 1/12/22 Refills Remaining: 0

OUTPT CYCLOBENZAPRINE HCL 10MG TAB (Status = Active)
 TAKE ONE-HALF TABLET BY MOUTH THREE TIMES DAILY FOR MUSCLE SPASM
 RELAXANT
 Rx# 12275646 Last Released: 1/27/22 Qty/Days Supply: 45/30
 Rx Expiration Date: 2/24/22 Refills Remaining: 0

OUTPT LISINOPRIL 20MG TAB (Status = Active)
 TAKE ONE TABLET BY MOUTH DAILY FOR BLOOD PRESSURE
 Rx# 11982736 Last Released: 9/23/21 Qty/Days Supply: 30/30
 Rx Expiration Date: 5/6/22 Refills Remaining: 1

OUTPT MELOXICAM 15MG TAB (Status = EXPIRED)
 TAKE ONE TABLET BY MOUTH DAILY
 Rx# 12145934 Last Released: 9/30/21 Qty/Days Supply: 90/90
 Rx Expiration Date: 12/27/21 Refills Remaining: 0

OUTPT NAPROXEN 500MG TAB (Status = EXPIRED)
 TAKE ONE TABLET BY MOUTH TWICE DAILY AS NEEDED *TAKE WITH FOOD*
 FOR INFLAMMATION AND/OR PAIN *** DO NOT TAKE WITH MELOXICAM ***
 Rx# 12232226 Last Released: 12/15/21 Qty/Days Supply: 20/10
 Rx Expiration Date: 1/12/22 Refills Remaining: 0

SUPPLIES

OTC OR NON-VA PRESCRIPTION MEDICATIONS:

Reviewed active, recently expired, non-VA and remote medications list in the medical record with the patient/caregiver. The medication list was reviewed for dosage, omissions and timely refills.

Medication discrepancies were NOT found.

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Patient was provided an updated reconciled medication list and educated on medication(s). Any referrals or follow up instructions were provided with updated reconciled list. Patient was reminded to discard old lists and to update any records with all other providers and retail pharmacies. Patient verbalized understanding.

ALLERGIES

Patient/family state(s): No new allergies

Problem List:

Code	Description
F32.9	Depression (SCT 35489007)
I10.	HTN - Hypertension (SCT 38341003)
Z72.0	Tobacco User (SCT 110483000)

VITAL SIGNS:

Pulse: 99 (01/26/2022 07:44)
 Blood Pressure: 140/88 (01/26/2022 07:44)
 Respirations: 15 (01/26/2022 07:44)
 Temperature: 97.9 F [36.6 C] (01/26/2022 07:44)
 Patient Weight: 210.1 lb [95.5 kg] (01/26/2022 07:44)
 Patient Height: 70 in [177.8 cm] (09/28/2021 10:35)
 Patient BMI: 30.2
 Pain: 1 (01/26/2022 07:44) (0-10 scale)
 O2 Saturation: 96% (01/26/2022 07:44)

ASSESSMENT/PLAN

pre op - LEFT total hip arthroplasty.

1) No hx of CAD:

- No SOB or cp on daily activites.
- Mpi order.
- Pt can walk maybe a block wihtout chest pain and SOB.

pt was so focused on pain meds , he didnt want to answer other qs

2) Pt states hes smoking since couple yrs.

- Will order PFTs
- Denies SOB

pt was so focused on pain meds , he didnt want to answer other qs

urine drug screen ordered. pt kept asking for pain meds. i explained him i needed a uds to chck since last one was abnormal, once i review uds i can give apporriate meds. he walked out of my office.
 i tried explaining again but he walked out.

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i explained him its a safety issue. but he walked out.

Alcohol Use Screen (AUDIT-C):

Alcohol Screen:

The patient declined to answer questions about alcohol use.
he walked

F/u PRN

Plan of care, treatment options and services discussed with patient. Patient given opportunity to provide input to decisions.

Medication education and counseling for new medications added today was provided to the Veteran based on the Veteran's individual needs. This included why the medication was prescribed, how they should take it and for how long, what to expect from it, and what happens if medication is not taken as prescribed. Patient and/or family verbalized understanding of instructions. A copy of the updated medication list was also given that included the medications added, changed, and/or discontinued today.

DATA REVIEW:

The patient was informed of available laboratory and procedure test results and given the opportunity to ask questions.

Clinician Plan of Care for Pain:

The patient's pain was addressed today and education was provided to the patient and family related to the pain treatment plan.

In addition:

- Medication was ordered/renewed.
- No medication changes were recommended at this time.
- Non-pharmacologic interventions were recommended today.

No specific non-pharmacologic interventions apply at this time.

- Opioid agreement has been previously implemented, and patient has been compliant with the opioid agreement.
- Opioid agreement will be implemented today.
- Opioid agreement is not applicable.
- Counselling/reassurance was provided.
- Referral was made.

/es/ HANIA M ALI MD

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cessation medications.

Hepatitis C Testing:
Patient declines HCV lab test.

/es/ Brian K Pearson, LPN
Staff Nurse
Signed: 02/02/2022 11:07

LOCAL TITLE: ORTHOPAEDIC SURGERY CONSULT NOTE
STANDARD TITLE: ORTHOPEDIC SURGERY CONSULT
DATE OF NOTE: JAN 26, 2022@07:56 ENTRY DATE: JAN 26, 2022@07:56:53
AUTHOR: CHAPMAN, CHARLENE C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PATIENT IS A 60 YEAR OLD MALE SEEN AS REQUEST FOR CONSULT.

VITAL SIGNS:

TEMPERATURE: 97.9 F [36.6 C] (01/26/2022 07:44)
PULSE: 99 (01/26/2022 07:44)
BLOOD PRESSURE: 140/88 (01/26/2022 07:44)
HEIGHT: 70 in [177.8 cm] (09/28/2021 10:35)
WEIGHT: 210.1 lb [95.5 kg] (01/26/2022 07:44)
BMI: 30.2
PAIN SCORE: 1 (01/26/2022 07:44)

MEDICATION RECONCILIATION

MEDICATIONS DISTRIBUTED BY OTHER VAs:
No Active Remote Medications for this patient

MEDICATIONS DISTRIBUTED BY OKC VA:
Active and Recently Expired Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) AMLODIPINE BESYLATE 5MG TAB TAKE ONE TABLET BY MOUTH DAILY	ACTIVE
2) CYCLOBENZAPRINE HCL 10MG TAB TAKE ONE-HALF TABLET BY MOUTH THREE TIMES DAILY FOR MUSCLE SPASM RELAXANT	ACTIVE
3) LISINOPRIL 20MG TAB TAKE ONE TABLET BY MOUTH DAILY FOR BLOOD PRESSURE	ACTIVE
Inactive Outpatient Medications	Status
1) BACLOFEN 10MG TAB TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED FOR MUSCLE RELAXANT	EXPIRED
2) MELOXICAM 15MG TAB TAKE ONE TABLET BY MOUTH DAILY	EXPIRED
3) NAPROXEN 500MG TAB TAKE ONE TABLET BY MOUTH TWICE	EXPIRED

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DAILY AS NEEDED *TAKE WITH FOOD* FOR INFLAMMATION
AND/OR PAIN *** DO NOT TAKE WITH MELOXICAM ***

6 Total Medications

Reviewed active, recently expired, non-VA and remote medications list in the medical record with the patient/caregiver. The medication list was reviewed for dosage, omissions and timely refills.

Medication discrepancies were NOT found.

OTHER MEDICATIONS & OTC VITAMINS/HERBALS: None

Patient was provided an updated reconciled medication list and educated on medication(s). Any referrals or follow up instructions were provided with updated reconciled list. Patient was reminded to discard old lists and to update any records with all other providers and retail pharmacies. Patient verbalized understanding.

ALLERGIES LISTED IN CPRS: Patient has answered NKA

OTHER ALLERGIES:

SUBJECTIVE:

Pleasant 60 year veteran who presents for LEFT hip pain that has been ongoing for about 8 years. Over the last year this has been particularly worse. (Pain worse is on the LEFT). He states he this will sometimes cause him to fall. He uses a cane for ambulation assistance. He was taking hydrocodone that was provided to him from the ER.

Not currently working

Does have family support

History of depression and hypertension

REVIEW OF SYSTEMS

Constitutional Sx: Denies fever, chills, or malaise

Cardiovascular: Denies chest pain, claudication

Respiratory: Denies shortness of breath

Musculoskeletal: See HPI

neurological: Reports headache, pins and needles, numbness, limb weakness, and poor balance

Hematologic/lymphatic: Denies use of anticoagulant/antiplatelet drugs

PHYSICAL EXAM:

General Appearance: Well-nourished, well developed in no acute distress

Orientation: Oriented to person, place and time. Mood / Affect: Calm

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Gait: Antalgic with cane coordination: normal
 Hip Exam LEFT
 Hip Flexion (L): 90 with pain
 Hip Extension (L): No flexion contractures noted
 Hip IR (L): None with anterior hip pain
 Hip ER (L): 15 with anterior hip pain
 Strength LE: 4/5
 Stinchfield positive
 EHL intact
 Sensation: Subjective normal distal sensation
 Vasculature: 2+ dorsalis pedis pulse
 LE Skin: no rashes or lesions

STUDIES/RADIOGRAPHS:

1/25/2022 XR LEFT HIP

FINDINGS:

Severe superior left hip joint space narrowing of bone-on-bone articulation, subchondral sclerosis and cystic changes. Large marginal osteophytes. Moderate right hip osteoarthritis is incompletely evaluated. Intact bony pelvis. No fractures. Approximated pubic symphysis and bilateral sacroiliac joints.

ASSESSMENT/PLAN:

Pleasant 60-year-old veteran with advanced left hip arthritis. We discussed left total hip arthroplasty using AAOS handout; this was provided to the patient for future reference. Risks and benefits were discussed. Patient would like to proceed with the procedure. Will request for medical clearance prior to scheduling. Walker was ordered today as patient is unsteady with a cane.

Pt/family provided information about pain management options. Options include pharmacologic/non-pharmacologic interventions. Pt/family indicate(s) understanding.

History/physical exam/available labs and studies reviewed/discussed with patient.

Attending Physician was available for supervision/consultation.

Attending Physician: Dr Agrawal

/es/ CHARLENE CHAPMAN, APRN-BC

NURSE PRACTITIONER

Signed: 01/26/2022 08:43

LOCAL TITLE: SURGICAL ADMINISTRATIVE NOTE

STANDARD TITLE: ADMINISTRATIVE NOTE

DATE OF NOTE: JAN 26, 2022@08:44 ENTRY DATE: JAN 26, 2022@08:44:10

AUTHOR: CHAPMAN, CHARLENE C EXP COSTIGNER:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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URGENCY:

STATUS: COMPLETED

*** SURGICAL ADMINISTRATIVE NOTE Has ADDENDA ***

Patient requesting help with pain control.
Please provide medical clearance for LEFT total hip arthroplasty.

History/physical exam/available labs and studies reviewed/discussed with patient.

CAMPBELL, MICHAEL ANDRE
[REDACTED]

Active Problem List:

Code	Description
F32.9	Depression (SCT 35489007)
I10.	HTN - Hypertension (SCT 38341003)
Z72.0	Tobacco User (SCT 110483000)

Patient is being referred back to their Primary Care Physician for further pre-operative clearance. This clearance must be documented in the patient's record.

Patient requires medical clearance prior to surgery.

/es/ CHARLENE CHAPMAN, APRN-BC
NURSE PRACTITIONER
Signed: 01/26/2022 08:56

Receipt Acknowledged By:

01/26/2022 14:51	/es/ HANIA M ALI MD PRIMARY CARE PHYSICIAN
01/26/2022 15:21	/es/ ROSEMARY PARMLEY RN BSN ORTHOPEDIC SURGICAL NAVIGATOR

01/26/2022 ADDENDUM STATUS: COMPLETED
rtc is in

/es/ HANIA M ALI MD
PRIMARY CARE PHYSICIAN
Signed: 01/26/2022 14:52

Receipt Acknowledged By:
01/27/2022 08:54 /es/ MALLERY L HUNTLEY

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